

## RELINQUISHMENT OF INDIAN CHILD (Presumed Father Denies He is the Birth Father)

NAME OF CHILD'S TRIBE
ROLL NUMBER OR OTHER EVIDENCE OF TRIBAL AFFILIATION

I, \_\_\_\_\_, being presumed by law to be the father of \_\_\_\_\_ a minor  
NAME OF PRESUMED FATHER NAME OF CHILD

\_\_\_\_\_ child, born \_\_\_\_\_,  
SEX DATE CITY

\_\_\_\_\_, declare I am not the birth father of the said child and do hereby relinquish and surrender the said child for  
STATE

adoption to \_\_\_\_\_  
AGENCY NAME

\_\_\_\_\_, ( ) \_\_\_\_\_  
AGENCY ADDRESS AGENCY TELEPHONE NUMBER

an organization licensed by the California Department of Social Services an organization authorized by Welfare and Institutions Code Section 16130 to find homes for children and to place children in homes for adoption. I fully understand that when this relinquishment is filed with the Headquarters office of the California Department of Social Services-Adoptions Branch by said agency, all my rights to the custody, services and earnings of the said child and any responsibility for the care and support of the said child will be terminated and the relinquishment will be binding with the signing of the decree of adoption unless I withdraw the relinquishment before the decree of adoption is signed. I declare I am not the birth father of the said child and am executing this relinquishment to adoption solely for the purpose of promoting the welfare and best interests of the said child by facilitating the child's placement for adoption.

Date \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PRESUMED FATHER

\_\_\_\_\_  
STREET ADDRESS

Signed and dated in the presence of \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
SIGNATURE OF WITNESS

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me \_\_\_\_\_

an authorized official of the \_\_\_\_\_ an organization licensed by the California Department of Social Services or authorized by Welfare and Institutions Code Section 16130 to find homes for children and to place children in homes for adoption, personally appeared \_\_\_\_\_ known to me to be the  
NAME OF PRESUMED FATHER

person whose name is subscribed to this relinquishment and acknowledged to me that he executed this relinquishment.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED AGENCY OFFICIAL TITLE COUNTY

### CERTIFICATION

*The terms and consequences of the voluntary signing of the relinquishment, including the right to withdraw the relinquishment prior to the signing of the decree of adoption, were fully explained in detail to and understood by the parent of this Indian child. The explanation was given by the agency representative whose signature is affixed above, in my presence, and in a language understood by the parent.*

SIGNATURE OF JUDGE	SUPERIOR COURT	DATE
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